

WV Health Benefit Exchange Stakeholder Meeting Summary

Group: Producers

Location: One Players Club, Charleston, WV

Date: 8/14/12

Time: 1:00 p.m. – 2:30 p.m.

Objectives: See agenda

Facilitator/Lead: Carl Hadsell

Handouts: Marketing and Consumer Information White Paper: Navigators, Agents and Brokers, Marketing and Summary of Benefits and Coverage, State-based and State Partnership Exchange Blueprint

Attendees: Geoff Christian, Joseph Deacon, Karen Epperly, Scott Kephart, Junko Kojima, Gray Marion, Angie Jewett-Seward, Lisa Calderwood, Bill Crouch, Joseph Deacon, Greg Elam, Brett Hamilton, Scott Kephart, Diana Hypes, Pam King, Jeremiah Samples, Phil Shimer

Next Meeting Date: Tues., September 11th, 2012 1:00 p.m. – 2:00 p.m.

Discussion Points

1. **What's New OIC newsletter** – The newsletter is a great resource for all types of information and activities regarding exchanges. Please send any materials and/or submissions you may have to the *What's New* newsletter to Debi McCoy at Deborah.McCoy@wvinsurance.gov.

2. Exchange Updates

a. IT

SERFF at NAIC. Tool is used for rates and forms filing. The SERFF development Team released a data distribution model in mid-July. Beta testing will start in September. Will use standard templates, not structured data fields, set up in Excel for data accuracy? It uses a web service. States can develop own templates; however, they would have to provide training. We have been cautioned not to focus on network adequacy yet.

Going forward, we will report less on SERFF in the Producer stakeholder meetings. Producers are welcome to attend other stakeholder meetings.

b. Plan Management

Corporate assessment of 11 core critical components was discussed. We are attempting to determine what components (data tools or .pdf) of SERFF to use and for what. We still have outstanding questions regarding technical and regulatory requirements. Next step: merge our workflows with technical tools.

c. Federal Updates

Jeremiah reviewed the following federal updates:

- Supreme Court ruled. Governor sent a letter to HHS with questions about the implications about the ruling, but has not yet received a reply.
- There is additional grant flexibility. This allows us to apply for grants through October 2014.
- EHB data submission rule released mid-July. If states do not actively select benchmark, the state will default to the largest small group plan sold in the state.
- State mandated benefits vs. EHB. The state must fund state mandated benefits that exceed those prescribed in the EHB benchmark that is selected.
- No final or proposed rule on EHB. To date, all planning is reflective of a bulletin from HHS.
- 10 benefit categories have to be covered in the benchmark, but the level of meaningful coverage within those categories has not yet been defined by HHS.

- The OIC procured United Health Actuaries three months ago to analyze the financial and market implication of the benchmark options.
- ACA lists the 10 benefit categories that must be covered.
- HHS is now offering more technical assistance but is still not responding to critical questions yet.
- There will be an exchange portal for Producers.
- Actuarial economic model – cost information opened. We are waiting to make final award for contract. Will make decision soon. This is critically important.
- HHS has contracted CGI for Exchange development. They are making progress on Federally Facilitated Exchange (FFE).
- The federal data hub has been completed. States not ready to test.
- Some level of eligibility determination is being worked on at federal level (subcontract).

WVU is completing the research work on the design of the evaluation plan for the exchange as discussed in prior meetings. They are going to be at the August 28th meeting of the consumers and providers (10:00 a.m.) to discuss the progress to date and to gather information from those present on aspects of what metrics should be considered in the evaluation. Those present at this meeting were asked to attend the upcoming meeting and provide input.

3. NAIC White Paper

Attention turned to the white papers from the NAIC, provided at the meeting. WVOIC participated in this work; however, keep in mind that OIC may not be in agreement on all issues presented in the paper. Those interested should read the full text.

Marketing and Consumer Information White Paper: Navigators, Agents and Brokers, Marketing and Summary of Benefits and Coverage

We will try to do a better job to include NAIC information on the OIC website. All white papers are available on the website under the Federal Guidance headline (<http://www.bewv.com/national-topics>), if interested.

One concern raised was how navigators will be selected and managed in an FFE or PFFE. There is still a lot of debate as to what HHS will allow states to do or not do.

There was discussion based on Jeremiah suggesting that some of the producers participate in a face-to-face meeting with those at the Federal government working on issues that affect producers (e.g., certification, navigators). It would be good to hear directly from the agents. There could be questions submitted in advance. HHS representatives could possibly come to Charleston or maybe the producers go to Washington. There was consensus that the OIC should pursue setting up this meeting.

There is a lot of uncertainty among the agents (the boots on the ground). This would be helpful to better understand the plan and to share with HHS what is happening among agents.

4. State-based and State Partnership Insurance Exchange Blueprint

This reference document has been shared in prior meeting. Jeremiah referenced the table on page 11. A partnership model still appears to have federal control of agents.

Plan management is fairly straight forward. Consumer assistance is not straight forward; for example, what does in-person assistance mean? To be organized at community level to help “community assistors”

It was noted that the state must submit a letter to the federal government by November 16, 2012, on what model the state will take as an exchange – state-based, federal based (FFE) or the partnership model associated with the federal exchange (PFFE). There is still no information from HHS on cost of FFE.

Under the FFE, agents may have to become “FFE Certified”; however, HHS will not interfere with relationship of carrier and agent. There is strong content on “Conflict of Interest” – agents or agencies cannot be or have navigators.

An open discussion centered on the status of the agents and their agencies and the need to plan for pending changes. There needs to be time. Agents do more than just transactions; they often act

proactively to help their clients, and act as consultants on health plans, etc. There are a lot of clients that are small businesses. There is a need to help these clients look for the best solutions. Companies are looking at the impact of health reform. Since clients lean on the agents, agents need to have resources to help explain information and work with clients. Perhaps there is a set of questions that can be asked and answered to help in this process. There is a need to get education out to the street level.

Next Meeting

The next meeting will be held Tues., September 11, 2012 1:00 p.m. – 3:00 p.m. the Player's Club.

Action Register

What/Task	Who	When
1. Prepare notes from meeting	CESD	8/23
2. Producers try to attend the August 28 th meeting with the WVU evaluation will be part of input.	Producers	8/28
3. Agents/Producers provide questions they have to OIC regarding potential face-to-face meeting with Federal representatives.	Producers	ASAP
4. OIC work on setting up a possible meeting with Producers and Federal government representatives.	OIC	
5. Work with Agents to develop communication to other agents in the field.	Agents working with OIC	

Follow-up Questions

Question
1. Q: A:
2. Q: A:

Session Plus/Delta

A Plus/Delta was not done for this meeting.